

**Client Intake Form**

**Society of St. Vincent De Paul** Newburyport, Ma 01950

Date \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB \_\_\_\_\_ I.D. # \_\_\_\_\_

Client Address: \_\_\_\_\_ Phone Home # \_\_\_\_\_

City/Town \_\_\_\_\_ Cell # \_\_\_\_\_

Landlords Name \_\_\_\_\_ LL Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Is LL related? No \_\_\_ Yes \_\_\_ How \_\_\_\_\_

Have you contacted SVdP before? \_\_\_ No \_\_\_ Yes If yes, when \_\_\_\_\_

Reason for contacting SVdP \_\_\_\_\_ Referred By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others living with Client (list all that apply)			In School	working	other
Name	Age	Relationship			

**Other agencies contacted:**

- Pettengill House
- Community Action (Amesbury)
- Community Service (Newburyport)
- Salvation Army
- NBPT Housing Authority
- Other \_\_\_\_\_

Details of help received from other agencies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby acknowledge that all information provided by me is, to the best of my knowledge accurate. I give permission to the Society of St Vincent de Paul of Newburyport, to share, receive, discuss and obtain additional information with and from other social service agencies to determine if I am receiving or am eligible to receive additional support.**

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Intake Completed by: \_\_\_\_\_

Client Name \_\_\_\_\_

**INCOME** per month

Net Wages (After Deductions) \_\_\_\_\_

SSI (Supplemental Security Income) \_\_\_\_\_

SSDI (Social Security Disability Insurance) \_\_\_\_\_

Child Support \_\_\_\_\_

SSA (Social Security Admin.) \_\_\_\_\_

Pension \_\_\_\_\_

Food Stamps (a/k/a SNAP) \_\_\_\_\_

WIC (Women Infants & Children) \_\_\_\_\_

EAEDC (Emergency Aid to Elderly, Disabled & Children) \_\_\_\_\_

\*\*\*\*\*

**SVDP USE ONLY** Briefly describe what your recommendation is for this client:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Total Income** \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

**Difference** \_\_\_\_\_

**EXPENSES** per month

Rent or Mortgage \_\_\_\_\_

Electric \_\_\_\_\_

Heat \_\_\_\_\_

Food \_\_\_\_\_

Gasoline \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cable \_\_\_\_\_

Car Payment \_\_\_\_\_

Car Insurance \_\_\_\_\_

Other Transport Exp. \_\_\_\_\_

Loans \_\_\_\_\_

Child Care \_\_\_\_\_

Credit Card 1 amt. pd. monthly \_\_\_\_\_

Credit Card 2 amt. pd. monthly \_\_\_\_\_

Credit Card 3 amt. pd. monthly \_\_\_\_\_

Medical exp \_\_\_\_\_

Cigarettes \_\_\_\_\_

Laundry \_\_\_\_\_

Pet Expenses \_\_\_\_\_

Alcohol \_\_\_\_\_

Lunch \_\_\_\_\_

Lottery \_\_\_\_\_

Other \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

**Upon completion of this form, please place in SVdP file indicating what support was provided to this client.**